

# HOME HEALTH AGENCY CHECKLIST

**Name of Home Health Agency:**

Address:

Phone Number:

Date of Visit:

Question	Yes	No	Comments
Medicare-certified?			
Medicaid-certified (if you have both Medicare and Medicaid)?			
Offers the specific health care services I need (like skilled nursing services or physical therapy)?			
Meets my special needs (like language or cultural preferences)?			
Offers the personal care services I need (like help bathing, dressing, and using the bathroom)?			
Has staff that can provide the type and hours of care my doctor ordered and start when I need them?			
Is recommended by my hospital discharge planner, doctor, or social worker?			
Has staff available at night and on weekends for emergencies?			
Explained what my insurance will cover and what I must pay out-of-pocket?			
Does background checks on all staff?			
Has letters from satisfied patients, family members, and doctors that testify to the home health agency providing good care?			

Additional information and resources are available at: [www.medicare.gov/homehealthcompare](http://www.medicare.gov/homehealthcompare)

